

Personal Campaign Committee

Statement of Dissolution

Candidate Information

| Name Bob Doughton | | | Telephone Number (801)451-0233 | |
|----------------------|------------------------|------------|--------------------------------|--|
| Office | District Number | Party | County of Election | |
| Governor | | Write | In | |
| Street Address | Suite/Apartment/PO Box | City | State Zip | |
| 578 S 450 E | | Farmington | UT 84025 | |

| I, | Bob Doughton | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | (Name of Candidate) | | |
| | affirm that my account balance is zero, I have closed my campaign account, dissolved my campaign committee, and I will no longer be receiving contributions or making expenditures for political purposes as a candidate for the above office. | | |
| | admin | | |
| | Signature of Candidate | | |
| | | | |
| | Date | | |

To File this Form

Mail or deliver to
Office of the Lieutenant Governor
Utah State Capitol, Suite 220
Salt Lake City, UT 84114
(801)538-1133

For More Information

Contact the Lieutenant Governor's Office (801)538-1041 1-800-995-VOTE (8683) disclosure@utah.gov

| For Office Use Only | | |
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| | Date Received | |